

EXTENSIONS OF REMARKS

EXPRESSING CONCERN FOR THE UNMET MENTAL HEALTH NEEDS OF RETURNING SOLDIERS

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 28, 2008

Mr. RANGEL. Madam Speaker, I rise today to enter into the RECORD an article from the New York Times published on July 8, 2008 titled "After the Battle, Fighting the Bottle at Home."

Alcohol abuse is rising among Afghanistan and Iraq veterans, many of them trying to deaden the repercussions of war and disorientation of home. The problem is particularly prevalent among those suffering from post-traumatic stress disorder. Increasingly, these veterans are spilling into the criminal justice system. Their stories are similar: coming back from war with lost jobs, crushing debt and ruptured families.

In May, House and Senate passed bills that would require the veteran's agency to expand substance-abuse screening and treatment for all veterans. However, this legislation does not provide immediate relief to veterans. For active duty service members, the military faces a shortage of substance-abuse providers on bases across the country, while the insurance plan, Tricare, makes it difficult for many reservists and their families to get treatment. Finding treatment programs that accept Tricare often ends in frustration and few residential rehabilitation programs have the accreditation required by the plan. An advocacy group, Veterans for America, found the demand for psychological help was so great, and the system so burdened, that soldiers often waited a month to be seen.

The Pentagon's most recent survey of health-related behavior found that for the first time in more than 20 years, a quarter of the soldiers surveyed considered themselves heavy drinkers, defined as having 5 or more drinks at least once a week. Consequently, suicides have also reached a high in the Army last year in which alcohol or drugs were cited in 30 percent of the 115 cases, the Pentagon reported.

Last January, a city court judge in Buffalo, Robert T. Russell, noticed a surge of recent veterans with substance-abuse and mental-health problems in the city's courtrooms. He created the Nation's first Veterans Court, where, instead of jail, veterans arrested for low-level crimes, mostly tied to alcohol or drugs, are enrolled in treatment.

[From the New York Times, July 8, 2008]

AFTER THE BATTLE, FIGHTING THE BOTTLE AT HOME

(By Lizette Alvarez)

Most nights when Anthony Klecker, a former marine, finally slept, he found himself back on the battlefields of Iraq. He would awake in a panic, and struggle futilely to return to sleep.

Days were scarcely better. Car alarms shattered his nerves. Flashbacks came unexpectedly, at the whiff of certain cleaning chemicals. Bar fights seemed unavoidable; he nearly attacked a man for not washing his hands in the bathroom.

Desperate for sleep and relief, Mr. Klecker, 30, drank heavily. One morning, his parents found him in the driveway slumped over the wheel of his car, the door wide open, wipers scraping back and forth. Another time, they found him curled in a fetal position in his closet.

Yet only after his drunken driving caused the death of a 16-year-old cheerleader did Mr. Klecker acknowledge the depth of his problem: His eight months at war had profoundly damaged his psyche.

"I was trying to be the tough marine I was trained to be—not to talk about problems, not to cry," said Mr. Klecker, who has since been diagnosed with severe post-traumatic stress disorder. "I imprisoned myself in my own mind."

Mr. Klecker's case is part of a growing body of evidence that alcohol abuse is rising among veterans of combat in Afghanistan and Iraq, many of them trying to deaden the repercussions of war and disorientation of home. While the numbers remain relatively small, experts say and studies indicate that the problem is particularly prevalent among those suffering from post-traumatic stress disorder, as it was after Vietnam. Studies indicate that illegal drug use, much less common than heavy drinking in the military, is up slightly, too.

Increasingly, these troubled veterans are spilling into the criminal justice system. A small fraction wind up in prison for homicides or other major crimes. Far more, though, are involved in drunken bar fights, reckless driving and alcohol-fueled domestic violence. Whatever the particulars, their stories often spool out in unwitting victims, ruptured families, lost jobs and crushing debt.

With the rising awareness of the problem has come mounting concern about the access to treatment and whether enough combat veterans are receiving the help that is available to them.

Having cut way back in the 1990s as the population of veterans declined, the Veterans Health Administration says it is expanding its alcohol- and drug-abuse services. But advocacy groups and independent experts—including members of a Pentagon mental-health task force that issued its report last year—are concerned that much more needs to be done. In May, the House and Senate passed bills that would require the veterans agency to expand substance-abuse screening and treatment for all veterans.

"The war is now and the problems are now," said Richard A. McCormick, a senior scholar for public health at Case Western Reserve University in Cleveland who served on the Pentagon task force. "Every day there is a cohort of men and women being discharged who need services not one or two or five years from now. They need them now."

For active-duty service members, the military faces a shortage of substance-abuse providers on bases across the country, while its health insurance plan, Tricare, makes it dif-

ficult for many reservists and their families to get treatment.

In the breach, a few states, including California, Connecticut and Minnesota, have passed laws or begun programs to encourage alternative sentences, often including treatment, for veterans with substance-abuse and mental-health problems.

In recent years, the military has worked to transform a culture that once indulged heavy drinking as part of its warrior ethos into one that discourages it and encourages service members to seek help.

"The Army takes alcohol and drug abuse very seriously and has tried for decades to deglamorize its use," said Lt. Col. George Wright, an Army spokesman. "With the urgency of this war, we continue to tackle the problem with education, prevention and treatment."

That is a tricky mission in time of war.

"The problem in today's military is soldiers have to be warriors, killers, do war, but we don't allow them any releases like we used to," said Bryan Lane, a former special forces sergeant who sustained a traumatic brain injury in Iraq and has post-traumatic stress disorder, or PTSD. "You can't go out and drink, you can't get into a fight. It's completely unrealistic."

The military, he said, is trying to create a contradiction: "a perfect warrior, and then a perfect gentleman."

Warning Signs Grow

Fort Drum, in the North Country of New York just outside Watertown, is home to the Army's most-deployed brigade—the Second Brigade of the 10th Mountain Division. Late last year, several thousand soldiers returned after 15 months in Iraq. Some had served three, even four, tours, and they quickly overwhelmed the base's mental health system. A study by an advocacy group, Veterans for America, found the demand for psychological help was so great, and the system so overburdened, that soldiers often waited a month to be seen.

Many also did what generations of homecoming soldiers have done: they salved their wounds in local bars. With drinking off-limits in Iraq, at least openly, they were that much more likely to binge, that much less able to tolerate it.

The base's commander, Maj. Gen. Michael L. Oates, says that since his arrival in early 2007, misconduct related to substance abuse has reached "unacceptable" levels, despite a toughened regimen of education, designated-driver programs and penalties.

"The rate of illegal drug use is slightly up; the rate of alcohol is more than slightly up," General Oates said. "I'm not a teetotaler. I'm not against people drinking. I'm against misconduct."

By last March, he had seen enough. He ordered the base's newspaper, The Fort Drum Blizzard, to publish the names and photographs of all soldiers charged with drunken driving. To date, at least 116 have appeared. Half were combat veterans who had returned in the last year, the general said, though others may have deployed earlier.

Most returning soldiers readjust after a few months. But the general estimated that at least 20 percent turned to heavy drinking

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

or drugs—typically “the first signal that there is something wrong.”

Across the military, the precise dimensions of the problem are elusive, especially since the different branches largely keep their own statistics. Many studies do not distinguish between servicemembers who have seen battle and those who have not. What is more, behavior becomes far harder to track when servicemembers leave the military.

Even so, a variety of surveys, as well as anecdotal evidence and rising alarm in many military communities, indicate growing substance abuse among recent combat veterans. Of particular concern are members of the National Guard and reserves, as well as recently discharged servicemembers, who can lose their bearings outside the camaraderie and structure of the military.

In the Army, which has the bulk of the troops in Iraq and Afghanistan, the Pentagon's most recent survey of health-related behavior, conducted in 2005 but released last year, found that for the first time in more than 20 years, roughly a quarter of soldiers surveyed considered themselves regular heavy drinkers—defined as having five or more drinks at least once a week. The report called the increase—to 24.5 percent in 2005, from 17.2 percent in 1998—“an issue of concern.”

Perhaps the best monitor of recent combat veterans' mental health is the Pentagon's postdeployment survey. Reflecting concern about heavy drinking, the latest report, published last November, introduced a question about drinking habits. Of the 88,235 soldiers surveyed in 2005 and 2006, three to six months after returning from war, 12 percent of active-duty troops and 15 percent of reservists acknowledged having problems with alcohol.

While drug use decreased substantially after 1980, when the military cracked down, it has increased slightly in the Army and the Marines since 2002, the behavioral survey said. Experts say that, in some cases, troubled combat veterans are more prone to use drugs after leaving the military.

In general, studies find that drinking is more prevalent in the military than in the civilian population; the behavioral survey reported that heavy drinking among 18- to 25-9-year-old men in the Army and the Marines was almost twice as common as among their civilian counterparts.

Heavy drinking or drug use frequently figures in what law enforcement officials and commanders at military bases across the country say is a rising number of crimes and other examples of misconduct involving soldiers, marines and recent veterans.

“Alcohol and drug use starts a cascade of worse problems,” said Dr. McCormick, the task force member, who recently retired as director of mental health for the state veterans affairs system in Ohio. “It's like throwing gasoline on fire.”

Most cases involve low-level misconduct. From 2005 to 2006, for example, “alcohol-related incidents”—mostly drunken or reckless driving and disorderly conduct—more than tripled at Fort Hood, Tex., according to information released to the Pentagon task force. Other statistics showed a similar pattern throughout the Army, a task force member said.

The Marines, filled with young men drawn by the corps' hard-charging image, have traditionally had the military's highest drinking rates. While the behavior survey showed a slight decrease in heavy drinking after 2002, it showed an increase in binge drinking. The Marines also reported a rise in alcohol-related incidents.

Sometimes, though, substance abuse becomes a factor in major crimes. This year, a New York Times examination of killings in this country by veterans of Iraq and Afghan-

istan found that drinking or drug use was frequently involved in the crimes.

34TH ANNIVERSARY COMMEMORATING THE TURKISH INVASION OF CYPRUS

HON. JOSEPH CROWLEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 28, 2008

Mr. CROWLEY. Madam Speaker, I rise today to recognize and commemorate the 34th anniversary of the Turkish invasion of Cyprus.

On July 20, 1974, Turkish military forces invaded the island of Cyprus in violation of international law. Turkish troops occupied the northern part of Cyprus, and established a heavily-armed force that continues to control nearly 37 percent of the island. As a result of the illegal Turkish invasion and occupation, nearly 200,000 Greek Cypriots were forcibly expelled from their homes and approximately 5,000 Cypriots were killed. On today's anniversary of the invasion, we mourn those who lost their lives in the invasion, and condemn the ongoing occupation.

Just as Congress recognizes the anniversary of the Turkish invasion we must come together and support the Cypriot goal of reunification under a single internationally recognized government, a government that has its own international personality, and respects human and fundamental freedoms for all Cypriots. We must condemn the illegal invasion and work towards stopping the ongoing military occupation that is a gross violation of human rights and fundamental freedoms of all Cypriots.

I am encouraged by the recent partnership expressed by Greek President Christofias and the Turkish Cypriot leader, Mr. Mehmet Talat. The opening of Ledra Street in Nicosia, a key thoroughfare through the last divided capital, and the progress made in the July 8 agreement, which calls for the implementation of specific confidence-building measures such as establishing bicomunal working groups and technical committees to examine and discuss issues affecting the day-to-day lives of the people of Cyprus, have been outstanding. A great deal more, however, must be done.

Again, I would like to express my support for the continued efforts to find a solution to this ongoing conflict and hope to see a unified Cyprus in the near future.

TRIBUTE TO VICE ADMIRAL PAUL E. SULLIVAN

HON. TOM DAVIS

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 28, 2008

Mr. DAVIS of Virginia. Madam Speaker, I rise today to honor Vice Admiral Paul E. Sullivan, United States Navy, who is retiring after more than 34 years of faithful service to our nation, culminating in his service as the 41st Commander of the Naval Sea Systems Command (NAVSEA).

A graduate of the U.S. Naval Academy, Sullivan held several key leadership positions over the course of his distinguished career, in-

cluding the NAVSEA Deputy Commander for Ship Design Integration and Engineering, the Program Manager for the Virginia-class Submarine Program, and the Program Manager for the SEAWOLF Submarine Program. He also served aboard USS *Detector*, at the Norfolk Naval Shipyard, at the Supervisor of Shipbuilding Conversion and Repair in Connecticut, at the Program Executive Office for Submarines, and on the staff of the Assistant Secretary of the Navy for Research, Development and Acquisition.

Vice Admiral Sullivan's initiative, vision and wise counsel were of extraordinary value to the Department of the Navy, during a period of drastic global change. Leading the Navy's largest Echelon II Command, he oversaw 53,000 employees and reformed NAVSEA's business practices to align a \$29 billion annual budget with the Navy's top priorities.

A leader in the acquisition community, Sullivan adeptly stewarded NAVSEA's associated Program Executive Offices through the design, contracting, construction, testing, and delivery of the *San Antonio*-class Amphibious Transport Dock program, the Virginia-class submarine program, the *Freedom*-class Littoral Combat Ship program, the *Lewis and Clark*-class Dry Cargo Ammunition program, the *Zumwalt*-class DDG 1000 program, the *Gerald R. Ford*-class Next Generation Carrier program and the USS *George H.W. Bush*.

Under his leadership in fleet maintenance, 13 aircraft carriers, 46 submarines, and 4 large surface ships were delivered back to the fleet after being overhauled in naval shipyards, and over 140 private sector availabilities on surface combatants were completed.

A champion of the importance of diversity, he implemented an entirely new command-wide policy, including new outreach, hiring practices and mentoring programs. He also instituted a scholarship program at Historically Black Colleges and Universities with a steady state enrollment of 44 students. In recognition of his efforts, he was presented the Navy Human Resources Equal Employment Opportunity Nathaniel Stinson Award.

It is through the commitment and sacrifice of Americans like Vice Admiral Sullivan that our nation is able to continue upon the path of democracy and strive for the betterment of mankind. I am proud, Madam Speaker, to thank him and his family for his honorable service to our nation in the United States Navy. I wish him “fair winds and following seas” as he concludes a distinguished naval career.

RECOGNIZING FRANK BERRISH ON HIS RECENT ELECTION TO THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS (NAFCU)

HON. MAURICE D. HINCHEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 28, 2008

Mr. HINCHEY. Madam Speaker, It is with great pleasure that I rise today to recognize Frank Berrish, the president and CEO of Visions Federal Credit Union, headquartered in my district in Endicott, NY, on his recent election to the Board of Directors of the National Association of Federal Credit Unions, NAFCU.

Frank's election to the NAFCU board is just one more accomplishment to be added to a